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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/747,972
Filing Date	Dec. 30, 2003
First Named Inventor	Zuili
Art Unit	2876
Examiner Name	
Attorney Docket Number	BSM-10004/29

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client is overly demanding and has unrealistic expectations regarding acceptable policies and procedures.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☒ Firm or Individual Name **Serge Atlan**

Address **Brite Smart Corporation**

Address **320 Plaza Real, Suite 209**

City **Boca Raton** State **FL** ZIP **33432**

Country **U.S.**

Telephone **561-361-8510** Fax **561-361-0337**

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **25006**

This request is enclosed in triplicate (including any attachments).

Name **John G. Posa**

Signature

Registration No. **37,424**

Date **October 18, 2004**

**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zuili

Serial No.: 10/747,972

Group Art Unit: 2876

Filed: Dec. 30, 2003

Examiner:

For: SMARTCARD AUTHENTICATION AND AUTHORIZATION UNIT ATTACHABLE  
TO A PDA, COMPUTER, CELL PHONE, OR THE LIKE

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


I hereby certify that the attached correspondence comprising:

Request for Withdrawal as Attorney (in triplicate)  
Postcard

is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

On Oct. 22, 2004.

  
\_\_\_\_\_  
Sheryl L. Hammer